

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3	1						53								
4		1					54								
5		2					55								
6	1						56								
7		1					57								
8		2					58								
9		1					59								
10		2					60								
11		2					61								
12		1					62								
13		5					63								
14	1						64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS								